

## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For 11.10 assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes No No COMMITTEE INFORMATION 1. Full Name of Committee (as on Statement of Organization) KEN KINGSHILL FOR CITY COUNCIL Check if this is a new name 3. Committee Telephone Number 4. Mailing Address (address where all campaign finance correspondence is received) 317, 867-0341 15606 TOWNE RD Check if this is a new address 5. City, State, ZIP Code WESTFIELD 44074 6. Party Affiliation (if applicable) IN REPUBLICAN CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (include any nickname) KEN KINGSHILL 8. Party Affiliation or If Independent Candidate 9. Office Sought (Include district number, if any. Not required for exploratory committee.) REPUBLICAN WESTFIELD CITY COUNCIL - AT LARGE 10. County of Residence HAMILTON TYPE OF REPORT 11. Check one CONVENTION CANDIDATES ONLY Pre-Primary Pre-Election Annual Nomination Other Check one: Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of Organization) Pre-Convention 12. Reporting Period: Post-Convention From: COLUMN A This Period COLUMN B 13. Cash on hand and investments at the beginning of this reporting period Through: Year to Date 14. Cash on hand and investments January 1, current year 2149.37 CONTRIBUTIONS AND RECEIPTS 2149.37 (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Unitemized 0 0 15c. Add lines 15a and 15b in both columns 0 0 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B SUBTOTAL <u></u> TOTAL EXPENDITURES 0 (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized 151.98 17c. Add lines 17a and 17b in both columns 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) SUBTOTAL 151.98 19. Debts OWED BY the committee (use Schedule D) TOTAL 20. Debts OWED TO the committee (use Schedule E) 0 RTIFICATION ST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. FOR OFFICE USE ONLY Date

REASUREL

for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly person who fails to file a complete or accurate report as required by the Indiana and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



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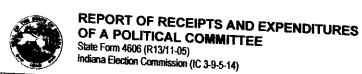
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## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE NUMBER
Page	2 of 3

RECIPIENT'S NAME AND MARLING ADDRESS RECIPIENT'S OCCUPATION			Page of3		
istreet, number city, state, ZiP code:	RECIPIENT SIGNUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE  and  PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
FIFTH THIRD BANK POBOX 630900 CINCINNATI OH Y5263-090	N/A N/A	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: BANK	151.98	151.98	4/09-
		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct in-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	E OF SCHEDURES	0/-/ 04		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the	LACTORGE	\$ 151.98		
		- Juninary Sneet)	131.78		



## (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and toans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
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COLDITORY			Page _	3of	3
CREDITOR'S OR LENDER S NAME & MAILING ADDRESS (street, number city state, ZiP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS of anyo (street, number, city, state, ZIP code)	AMOUNT 	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
KEN KINGSHILL 15606 TOWNE RA WESTFIELD IN 46074 LENDERS OCCUPATION: REALTOR		1644.14 LOAN	2006		
LENDER'S OCCUPATION: REALTOR		LOAN	3/1/07	0	1644.14
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:				-	
SUBTOTAL THIS PAGE OF SCHEDULE D			\$ 1644.14		
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)			*/644.14 *1644.14		